١	NO. OF COPIES RECEIVED				
	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	/ Form C-104	
	SANTA FE /		FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
-	U.S.G.S.		AND		
ŀ	LAND OFFICE	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GA	5	
——————————————————————————————————————					
,	GAS /	Fff. 2-1-71, American Petro. Corp. American Petro to			
	OPERATOR / Pan American Potto. I. PRORATION OFFICE has changed its name to change t				
I. PRORATION OFFICE has changed 103. CO: Operator AMOCO TROD. CO:					
	PAN AMERICAN P	PAN AMERICAN PETROLEUM CORPORATION			
	Address FO1 Advancet De	501 Airport Drive, Farmington, New Mexico 87401			
	Reason(s) for filing (Check proper box)	son(s) for filing (Check proper box) Other (Please explain)			
New Well Change in Transporter of:					
	Recompletion X Oil Dry Gas Change in Ownership Casinghead Gas Condensate				
	Change in Ownership	Cashinghead Cas [
	If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE [Lease Name] Well No. Pool Name, Including Formation Kind of Lease Lease No				I ease No.	
	Lease Name	12 South Blanco Pi		or Fee Indian - Jicarilla	
	Jicarilla Contract 155 Location	12 South Branco Fr	Ctured Cilits	Contract 155	
	Unit Letter K; 170	O Feet From The South Line	and 1850 Feet From Th	e West	
	Line of Section 32 Township 26-N Range 5-W , NMPM, Rio Arriba County				
Line of Section 32 Township 26-N Range 5-W , NMPM, RIO ATTIDA County					
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 👽	Address (Give address to which approve	d copy of this form is to be sent)	
	Name of Authorized Transporter of Cas El Paso Natural Gas Co		P. O. Box 990, Farmington		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When		
	give location of tanks.		Yes	November 13, 1969	
		h that from any other lease or pool, g	give commingling order number:		
Oil Well das Well Now Well Workers				Plug Back Same Restv. Diff. Restv.	
	Designate Type of Completio	Ι Α	X	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth 7250	7211'	
	January 21, 1961 Elevations (DF, RKB, RT, GR, etc.)	August 24, 1969 Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	6469' RKB, 6457'GR	Pictured Cliffs	2718'	6892 (Dakota)* Depth Casing Shoe	
Perforations Pictured Cliffs 2718-28' w/3 SPF			7248¹		
	rictured Office 2710 2		CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	12-1/4" 7-7/8"	8-5/8" 4-1/2"	521' 7248'	390 sx 875 sx	
	7-1/8	(2-3/8")*	(6892 Dakota)	9,5	
			produced through annulus		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours)				nd must be equal to or exceed top allow-	
	OII. WELL Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift,	,étc.)	
		The base of the same of the sa	Casing Pressure	Choke Size	
	Length of Test	Tubing Pressure	Cdang Pleasure	Minu	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gui - MCF	
				OFF CON COM	
	GAS WELL			DIST. 3	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	2756 (AOF 3137)	3 Hr.	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.) Open Flow	Press. Flow 215 psig	592 psig	3/4"	
VI	CERTIFICATE OF COMPLIAN		The state of the s	TION COMMISSION	
41	CENTIFICATE OF COMPLIAN	- -		NOV 2 4 1969	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Original Signed by Emery C. Arnold		
			BY		
			TITLE SUPERVISOR DIST, 第5		
	L. R. Chisi		This form is to be filed in compliance with RULE 1104.		
	(Signature) Petroleum Engineer (Title) November 13, 1969 (Date)		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.		